A gangy Alama				A Public Docum
Agency Name County of Los Angeles			Date Stamp	California 80
Division, Department, or Region (If Applicable	2)			For Official Use Only
A CONTRACTOR OF THE CONTRACTOR				
Board of Supervisor, First District Designated Agency Contact (Name, Title)				3
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must p	ovide explanation in Part 3.)
213-974-4111 bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	
Function or Event Information				(Month, Day, Year)
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	f Each Ticket/Pass \$ 4:	5.00
Event Description Dodgers		7	, 19 , 2019	
Provide Title/Expla	anation	Date(s)		// <u>#</u>
Ticket(s)/Pass(es) provided by agency?	Yes No	ĭ If no: Dodg€	And the second s	
Was ticket distribution made at the behest	No⊠ Yes□ If yes:		Name of Source	
of agency official?	NO Yes	If yes:	Official's Name (L	ast, First)
Recipients				
• Use Section A to identify the agency's department or t	unit. • Use Se	ction B to identify an individu	al. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pub	ic purpose made pursuant i	o the agency's policy
	Pass(es)			
Staff	2	Per ticket policy 5.3 (k)	
	7			
B. Name of Individual	Number of Ticket(s)/		Identify one of the following	ı a:
	Pass(es)			
		Ceremonial Role If checking "Ceremoni	Other Role" or "Other" describe below:	Income
			was twee from the maner transfer and the maner and the contract of the contrac	
		Ceremonial Role		Income
		B ANNOUN COLOR MANAGEMENT	Other I Role" or "Other" describe below:	Income
		B ANNOUN COLOR MANAGEMENT -		Income
Name of Outside Organization	Number of Ticket(s)/	If checking "Ceremoni	al Role" or "Other" describe below:	
Name of Outside Organization (include address and description)		If checking "Ceremoni		
Name of Outside Organization (include address and description)	Ticket(s)/	If checking "Ceremoni	al Role" or "Other" describe below:	
Name of Outside Organization (include address and description)	Ticket(s)/	If checking "Ceremoni	al Role" or "Other" describe below:	
Name of Outside Organization (include address and description)	Ticket(s)/	If checking "Ceremoni	al Role" or "Other" describe below:	
(include address and description)	Ticket(s)/	If checking "Ceremoni	al Role" or "Other" describe below:	
(include address and description) ✓erification	Ticket(s)/ Pass(es)	If checking *Ceremoni. Describe the publ	al Role" or "Other" describe below:	o the agency's policy
(include address and description)	Ticket(s)/ Pass(es)	If checking *Ceremoni. Describe the publication set for the distribution set for	al Role" or "Other" describe below:	o the agency's policy

Agency Name	Date Stamp	California 80			
County of Los Angeles				Form OU	
Division, Department, or Region (/	f Applicable)			For Official Use Only	
Board of Supervisor, First District					
esignated Agency Contact (Name, Title)					
Barbara Garcia, Ticket Administra	tor	-	7		
Area Code/Phone Number E-m			Amendment (Must	provide explanation in Part 3.)	
	rcia@bos.lacounty.g	jov	Date of Original Filing:	(Month, Day, Year)	
Function or Event Informati				45.00	
Does the agency have a ticket poli	cy? Yes⊠ N	Face Value	of Each Ticket/Pass \$ L	15.00	
Event Description Dodgers	de Title/Explanation	Date(s) 7	20 2019		
		Dodg	iers		
Ticket(s)/Pass(es) provided by age	ncy? Yes No	If no:	Name of Sc	ource	
Nas ticket distribution made at the of agency official?	behest No Ye	s If yes:	Official's Name ((Last, First)	
Recipients					
Use Section A to identify the agency's dep	artment or unit. • Use S	ection B to identify an individ	dual. • Use Section C to iden	tify an outside organization.	
Name of Agency, Department or U	Jnit Number of Ticket(s)/ Pass(es)	Describe the pu	the public purpose made pursuant to the agency's polic		
Staff	2	Per ticket policy 5.3	3 (k)		
3. Name of Individual	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follow Other Other position of the follow	ing:	
		Ceremonial Role If checking "Ceremo	Other unial Role" or "Other" describe below:	Income	
Name of Outside Organization (include address and description		Describe the pul	blic purpose made pursuant	to the agency's policy	
erification averaged and understand FPPC Regulations 1	8 <u>944.1 and 18942. I have v</u> Barbara Garcia	1 1	forth above, is in accordance wit		
Signature of Agency Head or Designee	Print Nar		Title	07/16/2019	
			IIIIG	(Month, Day, Year)	

Agency Report of: Ceremonial Role Events and Ticket/Pass Distribution

-	eremonial Role Events and 110		Distributions		A Public Documer
١.,	Agency Name			Date Stamp	California OOC
	County of Los Angeles				Form 802
	Division, Department, or Region (If Applicable		For Official Use Only		
	Board of Supervisor, First District				
•	Designated Agency Contact (Name, Title)				
	Barbara Garcia, Ticket Administrator				
	Area Code/Phone Number E-mail			Amendment (Must p	ovide explanation in Part 3.)
L	213-974-4111 bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
	Function or Event Information			4	5.00
9	Does the agency have a ticket policy?	Yes⊠ No	Face Value o	f Each Ticket/Pass \$	
	Event Description Dodgers Provide Title/Expl	anation	Date(s) 7	,21 ,2019	
ľ	Ticket(s)/Pass(es) provided by agency?		✓ If no: Dodge	rs	
		Yes No		Name of Sou	Urce
١	Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:		
				Official's Name (L	ast, First)
	Recipients • Use Section A to identify the agency's department or	unit alles Sa	ation B to identify an individu	-l - 11 0110	
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	the second of th	lic purpose made pursuant	CARRY TRACTOR CONTRACTOR CONTRACTOR
	Staff	2	Per ticket policy 5.3 (k)	
Constitution of the Consti	B. Name of Individual	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremoni	Identify one of the following Other al Role" or "Other" describe below:	ng: Income
			Ceremonial Role If checking "Ceremonia	Other And Role" or "Other" describe below:	Income [
	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	If checking "Ceremonia	TOTAL	
	(include address and description)	Ticket(s)/	If checking "Ceremonia	al Role" or "Other" describe below:	
	(include address and description)	Ticket(s)/ Pass(es)	If checking *Ceremonia Describe the publ	al Role" or "Other" describe below: ic purpose made pursuant t	o the agency's policy
	(include address and description)	Ticket(s)/ Pass(es)	If checking *Ceremonia Describe the publication set for	al Role" or "Other" describe below: ic purpose made pursuant t	o the agency's policy

Agency Report of:

eremonial Role Events and Tic	ket/Pas	s Distributions		A Public Documer
Agency Name			Date Stamp	California 802
County of Los Angeles				Form OU2
Division, Department, or Region (If Applicable	e)		1	For Official Use Only
Board of Supervisor, First District		and the state of t	1	
Designated Agency Contact (Name, Title)			1	
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number E-mail		# # # # # # # # # # # # # # # # # # #	Amendment (Must)	provide explanation in Part 3.)
213-974-4111 bgarcia@bos	s.lacounty.g	ΙΟV	Date of Original Filing:	(Month, Day, Year)
Function or Event Information			Ι	
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	45.00
Event Description Dodgers	20.000 mm	Date(s) 7	, 23 , 2019	
Provide Title/Exp	lanation	Contract of the Contract of th		
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: Dodge	A STATE OF THE STA	
Was ticket distribution made at the behest	I v i		Name of Sc	ource
of agency official?	No⊠ Yes	If yes:	Official's Name ((Last. First)
Recipients				
Use Section A to identify the agency's department or	unit. • Use Se	ection B to identify an individu	ual. • Use Section C to iden	itify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Section 1985 Section Control Section 1985	lic purpose made pursuant	The Artist Control of Face of the Control
Staff	2	Per ticket policy 5.3 ((k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	1 233(83)	Ceremonial Role If checking "Ceremonial	Other Call all Role" or "Other" describe below:	Income [
		Ceremonial Role If checking "Ceremonial	Other al Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
Vorification				
Verification have read and understand FPPC Regulations 18944.1 and	18942. I have ve	erified that the distribution set to	th above is in accordance"	h the requirements
Barbara		1 1	t Administrator	
Signature of Agency Head or Designee	Print Nam		Title	07/31/2019
			11115	(Month, Day, Year)
Comment:			Cymrun - Mary -	

Agency Report of:

Cere	emoniai Role Even	ts and lic	ket/Pass	s Distributions		A Public Documen
1. <u>Aç</u>	gency Name				Date Stamp	California QA2
Cou	unty of Los Angeles					Form 802
Div	ision, Department, or Regi	on (If Applicable	9)		4	For Official Use Only
4.200.000	ard of Supervisor, First Dis					F
Des	signated Agency Contact (Name, Title)	<u> </u>			
Bar	bara Garcia, Ticket Admin	istrator	Amendment (Must provide explanation in Part 3.)			
		E-mail	2 Mallo Hill To France To Fac.		1	ovide explanation in Part 3.)
	-974-4111	bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
	nction or Event Inform				45	5.00
Doe	es the agency have a ticket	policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	
Eve	ent Description Dodgers	Provide Title/Expl	anaffan	Date(s) 7	, 24 , 2019	
Tiel	(at/a)/Daga(ag)id-d-	Propries (1995 - 1995	(1)	Dodge	ers	**************************************
i iCr	(et(s)/Pass(es) provided by	agency?	Yes No	If no:	Name of Sou	rce
	s ticket distribution made at	the behest	No ✓ Yes	If yes:	A - V	
OT	agency official?				Official's Name (La	ast, First)
	cipients					
	e Section A to identify the agency		unit. • Use Se	the street of the street of the April	Annual Control of the	A fine Charles on factor of the con-
A.	Name of Agency, Departmer	nt or Unit	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant t	o the agency's policy
Staf	ff		2	Per ticket policy 5.3 ((k)	
<u>L</u>						
В.	Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
				Ceremonial Role	Other	Income
				If checking "Ceremonia	al Role" or "Other" describe below:	and the second s
	***				-	
				Ceremonial Role L	Other Role" or "Other" describe below:	Income
C.	Name of Outside Organiz		Number of Ticket(s)/	Describe the public	ic purpose made pursuant to	41.
-	(include address and desc	ription)	Pass(es)	7.00		wire agency's policy
						And the second s
<u></u>						
	ification	lions 18044 1 and	19042 have ve	arificant blank blanch that the state of the		
6	read and understand FPPC Regulat	Barbara		1 1	rth above, is in accordance with t : Administrator	
(A	Signature of Agency Head or Designee	Darbara	Print Name			07/31/2019
,			, ma realth		Title	(Month, Day, Year)
Com	ment:					